

**Fill in this information to identify the case:**

Debtor name Eat Fit Go Healthy Foods, LLC

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 18-81127

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 19, 2018

**X /s/ Brock Hubert**

Signature of individual signing on behalf of debtor

**Brock Hubert**

Printed name

**CEO**

Position or relationship to debtor

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## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Access Bank

Checking

8476

\$419,490.95

3.2. Access Bank

Checking

8203

\$96,918.03

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$516,408.98

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

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11a. 90 days old or less: **33,897.74** - **0.00** = .... **\$33,897.74**  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: **240,000.00** - **120,000.00** = .... **\$120,000.00**  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$153,897.74**

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Meal Recipes	Unknown		Unknown
61.	Internet domain names and websites Eatfitgo.com, email domains, related products.	Unknown		Unknown
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill Corporate Goodwill	Unknown		Unknown

66. **Total of Part 10.** \$0.00  
Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?  
☒ No  
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
☒ No  
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.  
☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

		Current value of debtor's interest
71.	<b>Notes receivable</b> Description (include name of obligor)	
72.	<b>Tax refunds and unused net operating losses (NOLs)</b> Description (for example, federal, state, local)	
73.	<b>Interests in insurance policies or annuities</b>	
74.	<b>Causes of action against third parties (whether or not a lawsuit has been filed)</b>	
75.	<b>Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b>	

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76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets,  
country club membership

Sinage

\$17,205.32

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$17,205.32

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$516,408.98</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$153,897.74</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$17,205.32</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$687,512.04</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$687,512.04</u>

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**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
2.1	<b>Access Bank</b> Creditor's Name  <b>8712 West Dodge Road</b> <b>Omaha, NE 68114</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>All Assets</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$700,000.00</b>  <b>Unknown</b>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$700,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>Aaron McKeever</b> <b>8240 Keystone Drive</b> <b>Omaha, NE 68130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.2	Nonpriority creditor's name and mailing address <b>ADP</b> <b>One ADP Boulevard</b> <b>Roseland, NJ 07068</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.3	Nonpriority creditor's name and mailing address <b>AMC Enterprises, LLC</b> <b>8240 Keystone Drive</b> <b>Omaha, NE 68134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>
3.4	Nonpriority creditor's name and mailing address <b>American Express Copmany, Corporate Serv</b> <b>AESC-P1</b> <b>20022 N 31st Ave, Mail Code AZ-08-03-1</b> <b>Phoenix, AZ 85027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Unknown</b>



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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Chacon Gonzalez, Rolando</b> <b>2508 W Elm St #220</b> <b>Phoenix, AZ 85017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Cincinnati Insurance Company</b> <b>PO Box 145620</b> <b>Cincinnati, OH 45250-5620</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>CNA Insurance / Continental Casualty Com</b> <b>333 S. Wabash Ave</b> <b>Chicago, IL 60604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Cutthroat Print</b> <b>11429 Davenport St</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46.01</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Distribution Market Advantage</b> <b>Distribution Market Advantage, Inc., 151</b> <b>Schaumburg, IL 60173</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>DKAH LLC</b> <b>18466 Adams St, Omaha, NE 68135</b> <b>Omaha, NE 68135</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>DLR</b> <b>DLR Group inc., 6457 Frances St., Suite</b> <b>Omaha, NE 68106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Dvorak Law Group</b> <b>c/o David Dvorak</b> <b>13625 California St., Suite 110</b> <b>Omaha, NE 68154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,265.97</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>E FIT G KRNY, L.L.C.</b> <b>2707 2nd Ave Suite D</b> <b>Kearney, NE 68845</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Eat Healthy, LLC</b> <b>1304 Riverside Blvd Norfolk, Ne 68701</b> <b>Norfolk, NE 68701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>EFG Distribution, LLC</b> <b>10201 W Bluff Rd</b> <b>Malcom, NE 68402</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>EFGP LLC</b> <b>5005 S 135th St #3230 Omaha NE 68137 (pe</b> <b>St. Joseph, MO 64506</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>EFGGroupATL, LLC</b> <b>450 Regency Parkway, Suite 120</b> <b>Omaha, NE 68114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Execupay</b> <b>14301 FNB Pkwy. Suite 204</b> <b>Omaha, NE 68154</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Fast Signs</b> <b>751 N. 114th Street</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Four Sons LLC</b> <b>23057 Bella Cir.</b> <b>Glennwood, IA 51534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Go Madik 1 LLC</b> <b>PO Box 21432</b> <b>Overland Park, KS 66283</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Google G Suite</b> <b>1600 Amphitheater Pkwy.</b> <b>Mountain View, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Halo Banded Solutions, Inc.</b> <b>Attn: John Campbell, Director of Corpora</b> <b>1980 Industrial Drive</b> <b>Sterling, IL 61081</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Hamilton Heights Inc.</b> <b>17730 South Reflection Avenue</b> <b>Bennington, NE 68007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Hurst Holding Company, LLC</b> <b>2217 S 218th St</b> <b>Elkhorn, NE 68022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Eat Fit Go Healthy Foods, LLC**  
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Husker Power Enterprises, LLC</b> <b>1101 Grindstone Pkwy #106</b> <b>Columbia, MO 65201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>International Spices</b> <b>1040 Lucius St.</b> <b>Fremont, NE 68025</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>iThinkFit</b> <b>c/o Brodkey Peebles Belmont &amp; Line</b> <b>10855 W. Dodge Rd., Suite 100</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>JJ&amp;D Enterprises, LLC</b> <b>636 N 137th Ave.</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>JQ Office</b> <b>3350 North 90th Street</b> <b>Omaha, NE 68134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Kutak Rock</b> <b>c/o General Counsel</b> <b>1650 Farnam Street</b> <b>Omaha, NE 68102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,304.67</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Liberty Mutual</b> <b>9450 Seward Rd.</b> <b>Fairfield, OH 45014-5456</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Eat Fit Go Healthy Foods, LLC</b> <small>Name</small>	Case number (if known)	<b>18-81127</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Lutz</b> <b>13616 California St Ste 300</b> <b>Omaha, NE 68154-5336</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,138.45</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>MVU Properties, LLC</b> <b>17730 S Reflection Ave</b> <b>Bennington, NE 68007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Olo</b> <b>26 Broadway, 24th Floor</b> <b>New York, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>OmaStings, LLC</b> <b>450 Regency Parkway, Suite 340</b> <b>Omaha, NE 68114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Penske (lease)</b> <b>2675 Morgantown Road</b> <b>Reading, PA 19607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Persolvent</b> <b>940 Hastings Ave</b> <b>St Paul Park, MN 55071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Postmates</b> <b>51 Federal St.</b> <b>San Francisco, CA 94107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor **Eat Fit Go Healthy Foods, LLC**  
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Revel</b> <b>303 Second St, North Tower, Suite 550</b> <b>San Francisco, CA 94107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Rigel Airport Services</b> <b>4501 Abbot Drive</b> <b>Omaha, NE 68110</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>RK Fitfoods, Inc.</b> <b>558 E. Castle Pines Pkwy, B-4324</b> <b>Castle Rock, CO 80108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Rob McCutcheons</b> <b>2041 W Homer St</b> <b>Chicago, IL 60647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,000.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Rob McCutcheons</b> <b>2041 W Homer St</b> <b>Chicago, IL 60647</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Ruge EFG</b> <b>15950 West Dodge Road, Suite 300</b> <b>Omaha, NE 68118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Sam Vakhidov</b> <b>2325 S. 165th</b> <b>Omaha, NE 68134</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>Eat Fit Go Healthy Foods, LLC</b> <small>Name</small>	Case number (if known)	<b>18-81127</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>SEI Access</b> <b>2238 S 156 Cir.</b> <b>Omaha, NE 68130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>SEI Alarm</b> <b>2238 S 156 Cir.</b> <b>Omaha, NE 68130</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>TELLthefuture LLC</b> <b>636 N 137th Ave.</b> <b>Omaha, NE 68154</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Tsys</b> <b>One Tsys Way</b> <b>Columbus, GA 31901-4222</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Uber</b> <b>1455 Market Street, Suite 400</b> <b>San Francisco, CA 94103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>E FIT G KRNY, L.L.C.</b> <b>2707 2nd Ave Suite D</b> <b>Kearney, NE 68845</b>	Line <u>3.13</u>  <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$	<b>0.00</b>

Debtor **Eat Fit Go Healthy Foods, LLC**  
Name

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5b. Total claims from Part 2

5b. + \$ **58,755.10**

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$ <b>58,755.10</b>
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Fill in this information to identify the case:

Debtor name **Eat Fit Go Healthy Foods, LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEBRASKA**

Case number (if known) **18-81127**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract - Payroll**

State the term remaining **Month to Month**

List the contract number of any government contract

**ADP  
One ADP Boulevard  
Roseland, NJ 07068**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement  
Chadron EFGAZ L.L.C -  
6360 N Campbell Ave**

State the term remaining

List the contract number of any government contract

**Chadron EFGAZ LLC  
8323 S. Shannon Rd.  
#7107  
Tuscon, AZ 85742**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement  
Chadron EFGAZ L.L.C -  
West Ina Rd.**

State the term remaining

List the contract number of any government contract

**Chadron EFGAZ LLC  
8323 S. Shannon Rd.  
#7107  
Tuscon, AZ 85742**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement  
Chadron EFGAZ L.L.C -  
Tanque Verde**

State the term remaining

List the contract number of any government contract

**Chadron EFGAZ LLC  
8323 S. Shannon Rd.  
#7107  
Tuscon, AZ 85742**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Area Development Agreement.**

State the term remaining

List the contract number of any government contract

**Chadron EFGAZ LLC**  
**8323 S. Shannon Rd.**  
**#7107**  
**Tuscon, AZ 85742**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

List the contract number of any government contract

**Thru 8/31/2022**

**Distribution Market Advantage**  
**Distribution Market Advantage, Inc., 151**  
**Schaumburg, IL 60173**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement DKAH LLC - Wichita**

State the term remaining

List the contract number of any government contract

**DKAH LLC**  
**18466 Adams St, Omaha, NE 68135**  
**Omaha, NE 68135**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

List the contract number of any government contract

**Approx. 5 months**

**DLR**  
**DLR Group inc., 6457 Frances St., Suite**  
**Omaha, NE 68106**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement E FIT G KRNY, L.L.C. - Kearney**

State the term remaining

List the contract number of any government contract

**E FIT G KRNY, L.L.C.**  
**2707 2nd Ave Suite D**  
**Kearney, NE 68845**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement EFG Distribution, LLC - Lincoln 1**

State the term remaining

List the contract number of any government contract

**EFG Distribution, LLC**  
**10201 W Bluff Rd**  
**Malcom, NE 68402**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
EFG Distribution, LLC -  
Lincoln 2**

State the term remaining

List the contract number of any government contract

**EFG Distribution, LLC  
10201 W Bluff Rd  
Malcom, NE 68402**

2.12. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
EFGP LLC - St.  
Joeseeph**

State the term remaining

List the contract number of any government contract

**EFGP LLC  
5005 S 135th St #3230 Omaha NE 68137 (pe  
St. Joseph, MO 64506**

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
EFGGroupATL, LLC -  
2980 Cobb Pkwy**

State the term remaining

List the contract number of any government contract

**EFGGroupATL, LLC  
450 Regency Parkway, Suite 120  
Omaha, NE 68114**

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
EFGGroupATL, LLC -  
5530 Windward Pkwy**

State the term remaining

List the contract number of any government contract

**EFGGroupATL, LLC  
450 Regency Parkway, Suite 120  
Omaha, NE 68114**

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
EFGGroupATL, LLC -  
5840 Roswell Rd**

State the term remaining

List the contract number of any government contract

**EFGGroupATL, LLC  
450 Regency Parkway, Suite 120  
Omaha, NE 68114**

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Area Development  
Agreement.****EFGGroupATL, LLC  
450 Regency Parkway, Suite 120  
Omaha, NE 68114**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.17. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

**Unknown**

List the contract number of any government contract \_\_\_\_\_

**Execupay**  
**14301 FNB Pkwy. Suite 204**  
**Omaha, NE 68154**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement**  
**Four Sons, LLC -**  
**Council Bluffs**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Four Sons LLC**  
**23057 Bella Cir.**  
**Glennwood, IA 51534**

2.19. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement**  
**Go Madik 1 LLC -**  
**Shawnee**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Go Madik 1 LLC**  
**PO Box 21432**  
**Overland Park, KS 66283**

2.20. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

**THrough 11/02/2019**

List the contract number of any government contract \_\_\_\_\_

**Google G Suite**  
**1600 Amphitheater Pkwy.**  
**Mountain View, CA 94043**

2.21. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

**Approx. 24 months**

List the contract number of any government contract \_\_\_\_\_

**Halo Banded Solutions, Inc.**  
**Attn: John Campbell, Director of Corpora**  
**1980 Industrial Drive**  
**Sterling, IL 61081**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.22. State what the contract or lease is for and the nature of the debtor's interest **Area Development Agreement.**

State the term remaining

List the contract number of any government contract

**Hamilton Heights Inc.**  
**17730 South Reflection Avenue**  
**Bennington, NE 68007**

- 2.23. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement Husker Power Enterprises, LLC - Columbia**

State the term remaining

List the contract number of any government contract

**Husker Power Enterprises, LLC**  
**1101 Grindstone Pkwy #106**  
**Columbia, MO 65201**

- 2.24. State what the contract or lease is for and the nature of the debtor's interest **Area Development Agreement.**

State the term remaining

List the contract number of any government contract

**Husker Power Enterprises, LLC**  
**1101 Grindstone Pkwy #106**  
**Columbia, MO 65201**

- 2.25. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement JJ&D Enterprises, LLC - Lawrence**

State the term remaining

List the contract number of any government contract

**JJ&D Enterprises, LLC**  
**636 N 137th Ave.**  
**Omaha, NE 68154**

- 2.26. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

List the contract number of any government contract

**Approx. 22 Months**

**JQ Office**  
**3350 North 90th Street**  
**Omaha, NE 68134**

- 2.27. State what the contract or lease is for and the nature of the debtor's interest **Franchise Agreement mvu Properties, LLC - Sioux Falls SD 1**

State the term remaining

List the contract number of any government contract

**MVU Properties, LLC**  
**17730 S Reflection Ave**  
**Bennington, NE 68007**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
MVU Properties, LLC -  
Sioux Falls SD 2**

State the term remaining

List the contract number of any government contract

**MVU Properties, LLC  
17730 S Reflection Ave  
Bennington, NE 68007**

2.29. State what the contract or lease is for and the nature of the debtor's interest

**Trade Contract**

State the term remaining

List the contract number of any government contract

**34 Months****Olo  
26 Broadway, 24th Floor  
New York, NY 10004**

2.30. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement /  
OmaStings - 7135 E.  
Camelback Rd.**

State the term remaining

List the contract number of any government contract

**OmaStings, LLC  
450 Regency Parkway, Suite 340  
Omaha, NE 68114**

2.31. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
OmaStings - 18529 N  
Scottsdale Rd.**

State the term remaining

List the contract number of any government contract

**OmaStings, LLC  
450 Regency Parkway, Suite 340  
Omaha, NE 68114**

2.32. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
OmaStings - 4325 East  
Indian School Rd.**

State the term remaining

List the contract number of any government contract

**OmaStings, LLC  
450 Regency Parkway, Suite 340  
Omaha, NE 68114**

2.33. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
OmaStings, LLC - 4050  
S. Alma School Rd.****OmaStings, LLC  
450 Regency Parkway, Suite 340  
Omaha, NE 68114**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Area Development Agreement.**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**OmaStings, LLC**  
**450 Regency Parkway, Suite 340**  
**Omaha, NE 68114**

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Truck Leases**

State the term remaining

**Approx. 55 Months**

List the contract number of any government contract \_\_\_\_\_

**Penske Truck Leasing**  
**PO Box 802577**  
**Chicago, IL 60680-2577**

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **Vehicle Services Agreement**

State the term remaining

**Approx. 55 months**

List the contract number of any government contract \_\_\_\_\_

**Penske Truck Leasing**  
**PO Box 802577**  
**Chicago, IL 60680-2577**

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

**Unknown**

List the contract number of any government contract \_\_\_\_\_

**Persolvent**  
**940 Hastings Ave**  
**St Paul Park, MN 55071**

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining

**Month to Month**

List the contract number of any government contract \_\_\_\_\_

**Postmates**  
**51 Federal St.**  
**San Francisco, CA 94107**

Debtor 1 **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining **Approx. 36 Months**

List the contract number of any government contract \_\_\_\_\_

**Revel**  
**303 Second St, North Tower, Suite 550**  
**San Francisco, CA 94107**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining **Month to Month**

List the contract number of any government contract \_\_\_\_\_

**Rigel Airport Services**  
**4501 Abbot Drive**  
**Omaha, NE 68110**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Franchisee Agreement**  
**RK FitFoods, Inc. -**  
**15735 E. Arapahoe Rd.**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**RK Fitfoods, Inc.**  
**558 E. Castle Pines Pkwy, B-4324**  
**Castle Rock, CO 80108**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Area Development Agreement.**

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

**RK Fitfoods, Inc.**  
**558 E. Castle Pines Pkwy, B-4324**  
**Castle Rock, CO 80108**

2.43. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining **Month to Month**

List the contract number of any government contract \_\_\_\_\_

**Rob McCutcheons**  
**2041 W Homer St**  
**Chicago, IL 60647**

2.44. State what the contract or lease is for and the nature of the debtor's interest **Trade Contract**

State the term remaining **Approx. 33 Months**

List the contract number of any \_\_\_\_\_

**SEI Access**  
**2238 S 156 Cir.**  
**Omaha, NE 68130**



Debtor 1 **Eat Fit Go Healthy Foods, LLC**

First Name

Middle Name

Last Name

Case number (if known) **18-81127****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.45. State what the contract or lease is for and the nature of the debtor's interest

**Trade Contract**

State the term remaining

**Approx. 34 Months**

List the contract number of any government contract

**SEI Alarm  
2238 S 156 Cir.  
Omaha, NE 68130**

2.46. State what the contract or lease is for and the nature of the debtor's interest

**Franchise Agreement  
TELLthefuture LLC -  
Springfield**

State the term remaining

List the contract number of any government contract

**TELLthefuture LLC  
636 N 137th Ave.  
Omaha, NE 68154**

2.47. State what the contract or lease is for and the nature of the debtor's interest

**Area Development  
Agreement.**

State the term remaining

List the contract number of any government contract

**TELLthefuture LLC  
636 N 137th Ave.  
Omaha, NE 68154**

2.48. State what the contract or lease is for and the nature of the debtor's interest

**Trade Contract**

State the term remaining

**Unknown**

List the contract number of any government contract

**Tsys  
One Tsys Way  
Columbus, GA 31901-4222**

2.49. State what the contract or lease is for and the nature of the debtor's interest

**Trade Contract**

State the term remaining

**Approx. 1 month**

List the contract number of any government contract

**Uber  
1455 Market Street, Suite 400  
San Francisco, CA 94103**

**Fill in this information to identify the case:**

Debtor name Eat Fit Go Healthy Foods, LLC

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 18-81127

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **Aaron McKeever**

**8240 Keystone Drive  
Omaha, NE 68130**

**Access Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **Eat Fit Go  
Healthy Foods -  
Omaha, LLC**

**8877 S. 137th Cir  
Suite 1  
Omaha, NE 68138**

**Access Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **Eat Fit Go  
Healthy Foods  
Minnesota, LLC**

**8877 S. 137th Cir  
Suite 1  
Omaha, NE 68138**

**Access Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **Eat Fit Go  
Minnesota  
Kitchen, LLC**

**8877 S. 137th Cir  
Suite 1  
Omaha, NE 68138**

**Access Bank**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Debtor **Eat Fit Go Healthy Foods, LLC**

Case number (if known) **18-81127**

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	<b>Eat Fit Go Omaha Kitchen, LLC</b>	<b>8877 S. 137th Cir Suite 1 Omaha, NE 68138</b>	<b>Access Bank</b>	<input checked="" type="checkbox"/> D <b>2.1</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	<b>Sam Vakhidov</b>	<b>2325 S. 165th Omaha, NE 68134</b>	<b>Access Bank</b>	<input checked="" type="checkbox"/> D <b>2.1</b> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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**Fill in this information to identify the case:**

Debtor name Eat Fit Go Healthy Foods, LLC

United States Bankruptcy Court for the: DISTRICT OF NEBRASKA

Case number (if known) 18-81127

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 1/01/2018 to Filing Date

☒ Operating a business

\$145,000.00

☐ Other \_\_\_\_\_

**For prior year:**

From 1/01/2017 to 12/31/2017

☒ Operating a business

\$850,000.00

☐ Other \_\_\_\_\_

**For year before that:**

From 1/01/2016 to 12/31/2016

☒ Operating a business

\$235,089.60

☐ Other \_\_\_\_\_

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From 1/01/2018 to Filing Date

Interest / Royalty Income

\$282,363.25

**For prior year:**

From 1/01/2017 to 12/31/2017

Interest / Royalty Income

\$818.99

**For year before that:**

From 1/01/2016 to 12/31/2016

Interest / Royalty Income

\$2,496.97

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>See Attachment 3</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>See Attachment 4</b>		<b>\$0.00</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Heath Murray v. Aaron McKeever at al. 16-8452</b>	<b>Civil Litigation</b>	<b>Distict Court of Douglas County</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 2

Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Stinson Leonard Street 1299 Farnam Street Suite 1500 Omaha, NE 68102		7/25/2018	\$43,000.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include

Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	See Attachment 13 and 30			\$0.00
	Relationship to debtor			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☐ No.

☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☐ No.

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☐ No.

☐ Yes. Provide details below.



Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To26a.1. **See Attachment 26A**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To26b.1. **See Attachment 26B**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1. **See Attachment 26C**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **See Attachment 26D****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people**

Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Sam Vakhidov	2325 S. 165th Omaha, NE 68134	Member	
Aaron McKeever	8240 Keystone Drive Omaha, NE 68130	Member	
Panorama Point Partners, LLC	13030 Pierce St Ste 300 Omaha, NE 68144	Member	
Jennifer Cain	2325 S. 218th Ave Elkhorn, NE 68022	CEO	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Sam Vakhidov	2325 S. 165th Omaha, NE 68134	CEO	02/17-10/17
Jennifer Cain	2325 S. 218th Ave Elkhorn, NE 68022	CEO	11/17-07/18

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attachment 13 and 30			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Debtor **Eat Fit Go Healthy Foods, LLC**Case number (if known) **18-81127**

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 19, 2018/s/ Brock Hubert

Signature of individual signing on behalf of the debtor

Brock Hubert

Printed name

Position or relationship to debtor CEOAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
- ☒ Yes

EAT FIT GO HEALTHY FOODS, LLC					
Name	Type	Date	Address	Memo	Amount
First Insurance	Check	05/14/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	06/12/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	07/12/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
JHUSA Payments	Check	05/11/2018	JHUSA PAYMENTS	106081075926	\$ 568.00
SERVICE CHARGE	Check	05/31/2018	SERVICE CHARGE		\$ 10.00
	Check	07/31/2018	SERVICE CHARGE		\$ 10.00

EAT FIT GO HEALTHY FOODS, LLC - ATTACMENT 3					
Name	Type	Date	Address	Memo	Amount
First Insurance	Check	05/14/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	06/12/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
	Check	07/12/2018	FIRST INSURANCE	INSURANCE XXX-XXX1141	\$ 5,662.44
JHUSA Payments	Check	05/11/2018	JHUSA PAYMENTS	106081075926	\$ 568.00
SERVICE CHARGE	Check	05/31/2018	SERVICE CHARGE		\$ 10.00
	Check	07/31/2018	SERVICE CHARGE		\$ 10.00

**EAT FIT GO HEALTY FOODS LLC - ATTACHMENT 4**

<b>Name</b>	<b>Relationship to Debtor</b>	<b>Date</b>	<b>Amount</b>	<b>Reason</b>
Aaron McKeever	Member	8/2/17	\$17,068.87	Transfer to 2174
Aaron McKeever	Member	11/21/17	\$13,326.24	Transfer to 2174
Aaron McKeever	Member	11/08/2017	\$7,500.00	Unknown
Sam Vakhidov	Member	8/2/17	\$17,068.87	Transfer to 5267
Sam Vakhidov	Member	11/21/17	\$13,326.24	Transfer to 5267

**EAT FIT GO HEALTY FOODS LLC - ATTACHMENT 4**

<b>Name</b>	<b>Address</b>	<b>Relationship to Debtor</b>	<b>Description on payment</b>	<b>Date</b>	<b>Amount</b>
Aaron McKeever		Member	Transfer to XXXX2174	04/19/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	04/24/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	05/16/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	06/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	06/15/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	06/29/2016	\$100,000.00
Aaron McKeever		Member	Transfer to XXXX2174	07/11/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	07/13/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	07/27/2016	\$25,000.00
Aaron McKeever		Member	Transfer to XXXX2174	08/12/2016	\$25,095.00
Aaron McKeever		Member	Loan Payment	08/15/2016	\$3,796.87
Aaron McKeever		Member	Transfer to XXXX2174	08/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	08/18/2016	\$10,000.00
Aaron McKeever		Member	Aaron McKeever	09/01/2016	\$87,500.00
Aaron McKeever		Member	Transfer to XXXX2174	10/17/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	11/15/2016	\$4,100.00
Aaron McKeever		Member	Transfer to XXXX2174	12/14/2016	\$4,100.00
Aaron McKeever		Member	Aksarben TI Check	05/17/2017	\$21,421.00
Aaron McKeever		Member	Reinhart Rebate Check	05/18/2017	\$24,810.12
Sam Vakhidov		Member	Tash Invest, LLC	05/01/2016	\$62,500.00
Sam Vakhidov		Member	Tash Invest, LLC	07/11/2016	\$150,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	07/27/2016	\$25,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	08/12/2016	\$25,095.00
Sam Vakhidov		Member	Transfer to XXXX5267	08/18/2016	\$10,000.00
Sam Vakhidov		Member	Transfer to XXXX5267	09/01/2016	\$87,500.00
Sam Vakhidov		Member	Tash Invest, LLC	09/14/2016	\$20,500.00
Sam Vakhidov		Member	Aksarben TI Check	05/17/2017	\$21,421.00
Sam Vakhidov		Member	Reinhart Rebate Check	05/18/2017	\$24,810.12
Panorama Point		Member	2016 Q1	6/1/16	\$12,500.00
Panorama Point		Member	2016 Dist	3/22/17	\$139,440.80
Panorama Point		Member	2017 Q3	6/29/17	\$12,500.00

**Attachment 26A**

<b>Name</b>	<b>Address</b>	<b>Dates of Service</b>
CFO Systems, LLC	10832 Old Mill Rd #2, Omaha, NE 68154	7/17-12/17, 5/18-6/18
Steier & Prchal, Ltd.	1015 N. 98th Street, Suite 100, Omaha, NE 68114	12/2015-09/2017
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Amy Staley	14516 Fowler Avenue, Omaha, NE 68116	01/2017-05/2018
Whitney Ivanova	7315 Stafford Drive, Council Bluffs, IA 51503	05/2018-Present
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present
Chancy Johnson	1903 Oriole Drive, Bellevue, NE 68123	05/2018-Present
Sydni Bechler	11101 M St, Apt #101, Omaha, NE 68137	03/2017-02/2018
Mike Morgan	5615 S. 174th Street, Omaha, NE 68135	07/2018-Present



**Attachment 26B**

<b>Name</b>	<b>Address</b>	<b>Dates of Service</b>
CFO Systems, LLC	10832 Old Mill Rd #2, Omaha, NE 68154	07/2017-12/2017
Steier & Prchal, Ltd.	1015 N. 98th Street, Suite 100, Omaha, NE 68114	12/2015-09/2017
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present

**Attachment 26C**

<b>Name</b>	<b>Address</b>	<b>Dates of Service</b>
Lutz	13616 California Street, Suite 300, Omaha, NE 68154	12/2017-07/2018
Whitney Ivanova	7315 Stafford Drive, Council Bluffs, IA 51503	05/2018-Present
Brooke Hogan	5621 N 112th Circle, Omaha, NE 68164	08/2016-Present
Chancy Johnson	1903 Oriole Drive, Bellevue, NE 68123	05/2018-Present
Mike Morgan	5615 S. 174th Street, Omaha, NE 68135	07/2018-Present

**Attachment 26D**

<b>Name</b>	<b>Address</b>
Panorama Point Partners LLC	13030 Pierce Street, Suite 300, Omaha, NE 68144
Access Bank	2710 South 140th Street, Omaha, NE 68144